



# STANDARDIZED PERMIT APPLICATION

## CITY OF SAN RAMON

2226 Camino Ramon  
P.O. BOX 5148  
San Ramon, CA 94583-1350  
Dept. 925-973-2580, Fax 925-242-9312  
building@ci.san-ramon.ca.us

DATE: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

FEE: \_\_\_\_\_

*Please print clearly and fill in all that apply.*

HOA Approval ☐ Yes ☐ No

Signature \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

CONSTRUCTION VALUATION: \$ \_\_\_\_\_

Description: \_\_\_\_\_

### DESCRIPTION OF WORK:

#### ☐ NONRESIDENTIAL

#### ☐ RESIDENTIAL

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> New Building  | <input type="checkbox"/> Addition             | <input type="checkbox"/> Alteration               | <input type="checkbox"/> Termite/Dry Rot Repair | <input type="checkbox"/> Demolition        |
| <input type="checkbox"/> Landscape   | <input type="checkbox"/> Sign                 | <input type="checkbox"/> Foundation only          | <input type="checkbox"/> Chimney Repair         | <input type="checkbox"/> Swimming Pool/Spa |
| <input type="checkbox"/> Fire Repair   | <input type="checkbox"/> Re-roof _____ sq.ft. | <input type="checkbox"/> Deck/Patio Cover/Trellis | <input type="checkbox"/> Windows                |  |
| <input type="checkbox"/> Certificate of Occupancy: <input type="checkbox"/> Other: _____ |   |   |   |  |

Building Area: \_\_\_\_\_ Sq. Ft. Building Height: \_\_\_\_\_ Ft. Stories: \_\_\_\_\_

EXISTING: FLOOR AREA: \_\_\_\_\_ GARAGE: \_\_\_\_\_ OTHER: \_\_\_\_\_ # UNITS: \_\_\_\_\_

PROPOSED: FLOOR AREA: \_\_\_\_\_ GARAGE: \_\_\_\_\_ OTHER: \_\_\_\_\_ # UNITS: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Lot Size (Sq.Ft.): \_\_\_\_\_ Lot Dimension (Front/Side/Rear): \_\_\_\_\_ Coverage %: \_\_\_\_\_

Setbacks: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_

#### ☐ PROPERTY OWNER

#### ☐ TENANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TENANT COMPANY NAME: \_\_\_\_\_

May require written approval from the owner.

#### ☐ ARCHITECT

#### ☐ DESIGNER

#### ☐ ENGINEER

LICENSE / REGISTRATION #: \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE#: \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

#### ☐ CONTRACTOR

#### ☐ OWNER-BUILDER

LICENSE # \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_ PHONE # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ SAN RAMON BUSINESS LICENSE # \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ ZONE: \_\_\_\_\_ FIRE SPRINKLERS: ☐ YES ☐ NO

HAZARDOUS MATERIALS: ☐ YES ☐ NO EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

NUMBER OF PLANS SUBMITTED: \_\_\_\_\_ STRUCTURAL CALCULATIONS: \_\_\_\_\_ TITLE 24 ENERGY: \_\_\_\_\_

OTHER: \_\_\_\_\_

Submitted by (sign): \_\_\_\_\_ (print): \_\_\_\_\_